



Boger City United Methodist Church
Mothers Morning Out Registration Form
Mon. & Wed 9 AM – 12 AM; Ages 15 mo – 3 yrs
\$10 / day ~ Pay as you Come

Child's Name: _____
Last First

Name Child Goes by: _____ Age: _____ DOB: _____

Parent(s) or Guardian(s): _____

Home Address: _____
Street City Zip

Phone Number: (Home) _____ (Work / Cell) _____

E-Mail: _____

Does your child have any allergies? _____

Is your child potty training? _____

Does your child have any special words for things we should know? _____

Is there anything else we should know about your child? _____

Please list person(s) who may pick up your child from Mothers Morning Out and their relationship to your child.

It is understood and agreed by us that the church and the teachers are hereby released from any claims or financial responsibilities arising out of any accident or mishaps that may occur in connection with the operation of MMO or from any illness that may be contracted by the child during MMO. I understand that it is my responsibility to contact Mothers Morning Out to update this form if there are any changes in my child's medical condition, allergies, pick-up names, etc.

Parent / Guardian Signature _____ Date: _____